



ILLINOIS
DEPARTMENT OF CENTRAL
MANAGEMENT SERVICES



ILLINOIS WIRELESS INFORMATION NETWORK - DETAIL REPORT REQUEST

Department Name: _____

We are requesting a report on the following user(s):

User Name _____ User ID _____

User Name _____ User ID _____

User Name _____ User ID _____

User Name _____ User ID _____

Please attach another copy of this form if you need additional user reports.

Type of report requested (LEADS Responses/Messages Sent/Both): _____

Date/Time of Reports Requested: _____

We are requesting a report on a specific LEADS query. Please specify type of query, date and time it was run, and what the query was _____

Person you want the report sent to: _____

Address: _____

E-mail Address: _____

Signature of
Director/Chief: _____ Date: _____

Name of Director/Chief: _____

Please return this form to:

CMS Communications Solution Center (CSC)
Attn: Provisioning
120 W. Jefferson, 2nd Floor
Springfield, Illinois 62702-5103
Fax: 217-524-5895 (for emergency orders only)

**For additional Information
contact the CSC
at 1-800-366-8768
(in centrex @217-524-4784)**

Please allow 10 business days to receive your report.